



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800001

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SLOVAK CATHOLIC SOKOL GYMNASTIC CLUB

DOING BUSINESS AS

ADDRESS 405 N.E. MAIN

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: Manyak, Randy V. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOUTH SIDE OF MAIN STREET IN ONE ROOM. FIRST FLOOR PART OF SOKOL HALL WITH
CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800002

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOUGLAS CONVENIENCE CENTER, INC

DOING BUSINESS AS FAMILY CONVENIENCE CENTER

ADDRESS 63 MAIN ST

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: WHITEHEAD,
RAY B.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLOCK STRUCTURE. ONE FLOOR, TWO ROOMS, NO CELLAR, WALK IN COOLER AND
WINE AREA AT RIGHT REAR OF STORE SECTION

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800003

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAV MAR, INC.

DOING BUSINESS AS DIGGER'S LIQUORS

ADDRESS 295 MAIN ST

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: LAVALLEE,
WILLIAM M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CORNER OF NORTHEAST MAIN AND PLEASANT STREET. BLDG. APPROX. 27'X 32', 1ST FLOOR; 2 ROOMS; FRONT ROOM FOR SALES, REAR ROOM FOR STORAGE. SECOND FLOOR, 2 ROOMS FOR STORAGE ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800004

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOUGLAS PACKAGE STORE, INC.

DOING BUSINESS AS DOUGLAS VILLAGE PACKAGE STORE

ADDRESS 392 N/E MAIN ST

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: WNUKOWSKI,
DAVID J.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALL OF FIRST FLOOR, ALL OF CELLAR, SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800006

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POPE KEROLOS, INC.

DOING BUSINESS AS

ADDRESS 303 MAIN ST

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: GHOBRIAL, EMAD TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, RESTAURANT, FRONT ENTRANCE, SIDE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800007

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLACKSTONE VALLEY BEAGLE CLUB, INC

DOING BUSINESS AS

ADDRESS 135 WALNUT STREET

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: NELSON,
CHRISTINE T.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STRUCTURE, 1 1/2 STORIES WITH NO BASEMENT. ENTRANCE AND EXIT IN LEFT AND RIGHT SIDE OF BLDG. . KITCHEN AND BATHROOM LOCATED IN BACK OF BUILDING

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800008

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARLENE BOSMA

DOING BUSINESS A DOUGLAS FLEA MARKET PLACE

ADDRESS 436 NORTHEAST MAIN STREET

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER:

TYPE OF LICENSE: Tavern

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A 42X28 FT AREA IN BARN, INCLUDING THE ADJACENT SNACK BAR COUNTER, ONE
ENTRANCE AND EXIT AND ONE EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028800009

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHITINSVILLE FISH & GAME CLUB, INC.

DOING BUSINESS AS PRIVATE CLUB

ADDRESS 12 WHITE COURT

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: HARNEY,
WILLIAM H.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STRUCTURE, 28 FT WIDE BY 114 FT LONG WITH OPEN FLOOR PLAN, TWO RESTROOMS IN FRONT. EXIT AND ENTRANCE AT FRONT AND REAR OF BLDG

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 028800012

CITY OR TOWN DOUGLAS

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE PICKET FENCE RESTAURANT INC.

DOING BUSINESS AS

ADDRESS 338 MAIN STREET

CITY/TOWN: DOUGLAS

STATE: MA

ZIP CODE: 01516

MANAGER: DUBE, DIANA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

19'X34' DINING AREA W/COUNTER...FRONT & SIDE ENTRANCE...KITCHEN,
DISHWASHING ROOM, REST ROOMS, AND STORAGE IN BACK...ADDITIONAL STORAGE
IN BASEMENT AND SECOND FLOOR

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:
